



## Application Data Sheet

### Application Information

Application Type:: Regular  
Subject Matter:: Utility  
CD-ROM or CD-R?:: None  
Sequence Submission?:: No  
Computer Readable Form  
(CRF)?:: No  
Title:: Hemostasis Valve  
Attorney Docket Number:: 106586-170  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 2  
Total Drawing Sheets:: 5  
Petition Included?:: No  
Secrecy Order in Parent Appl.?:: No

### Applicant Information

Applicant Authority Type:: Inventor  
Status:: Full Capacity  
Given Name:: Lee  
Middle Name:: A.  
Family Name:: Core  
Name Suffix::  
City of Residence:: Cambridge  
State or Province of Residence:: MA

Country of Residence:: USA  
Street of mailing address:: 9 Cambridge Terrace  
Apt. 2  
City of mailing address:: Cambridge  
State or Province of mailing  
address:: MA  
Country of mailing address:: USA  
Postal or Zip Code of mailing  
address:: 02140

### **Domestic Priority Information**

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
This application is a	An application claiming the benefit under 35 USC 119(e)	60/417,705	10/10/02

### **Correspondence Information**

#### Correspondence Customer

Number:: 23483  
Phone number:: (617) 526-6000  
Fax Number:: (617) 526-5000  
E-Mail address:: david.cavanaugh@haledorr.com

### **Representative Information**

#### Representative Customer

Number:: 23483

## **Assignment Information**

Assignee name:: NMT Medical, Inc.  
Street of mailing address:: 27 Wormwood Street  
City of mailing address:: Boston  
State or Province of mailing  
address:: MA  
Country of mailing address:: US  
Postal or Zip Code of mailing  
address:: 02110